FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB Number: | 3235-0287 |
|--------------------------|-----------|
| Estimated average burden | |
| hours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | or occitor oo(ii) or the investment oompany Act or 1940 | | | | | | |
|---|-----------------|-----------------|---|---|-------------------------------|------------------------|--|--|--|
| 1. Name and Address of Reporting Ferson | | | 2. Issuer Name and Ticker or Trading Symbol KORN FERRY INTERNATIONAL [KFY] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| PERRY DEBRA J | | | [| X | Director | 10% Owner | | | |
| | | | | | Officer (give title | Other (specify | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| | | | 09/24/2015 | | | | | | |
| 1900 AVENUE OF | THE STARS, SUIT | ΓE 2 600 | | | | | | | |
| (Ctro ot) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | idual or Joint/Group Filing (| Check Applicable Line) | | | |
| (Street) | CA | 90067 | | X | Form filed by One Repor | ting Person | | | |
| LOS ANGELES | CA | 90007 | | l | Form filed by More than | One Reporting Person | | | |
| | (0) | (T) | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|---|--------------------------|---|--|---------------|-----------|----------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (111541. 4) |
| Common Stock, par value \$0.01 per share ⁽¹⁾ | 09/24/2015 | | Α | | 3,400 | A | \$0.00(2) | 42,902 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | ction Derivative Securities Acquired (A or Dispose | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|---------------------------------|--|-----|--|---------------------|--------------------|-------|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

- 1. The restricted stock units vest in full on the day before the next annual meeting of the Issuer's stockholders that follows the grant date of September 24, 2015.
- 2. Granted as compensation for services as a director.

Remarks:

/s/ Peter L. Dunn, attorney-in-fact 09/25/2015

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.